## **VACANCY NOTICE**

FOR OPPORTUNITIES IN RHODE ISLAND STATE GOVERNMENT

| Ē  |  | PECIALIST (DOT)  | CLASSIFICATION COI                   | DE: <b>02</b> 4       | 453500   |  |
|--|--|--|--------------------------------------|-----------------------|--|--|
| tio  | SALARY RANGE: (0018A) \$29   |  | REFERENCE POSITIO                    | N NO.: <b>54</b> ′    | 15-10000-1719  |  |
| osi  |  | TRANSPORTATION   | APPLICATION PERIOR                   | D: <u>07/</u>         | 08/03-07/14/03   |  |
| Ā  |  | ancial Management /  | Federal Programs                     |                       |  |  |
| ٥ ر  |  | HR. WWK  |                                      | <del></del>           |  |  |
| Description of Position  | Shift and Days: M-F  |  | Job Location: _                      | Providence            |  |  |
| ip1  | Restrictions/Limitations:  | -! Union Agrooment   | Voc V                                | No                    |  |  |
| SCI  | Position Covered By Collective Bargain Name of Bargaining Unit Union:  | ning Union Agreement<br>_ocal 400 IFPTE (EE-311  | Yes X                                | No                    |  |  |
| De   | There is* is not _X_ a Civil Service List for this position  See A/B or Both for Specific Instructions   |  |                                      |                       |  |  |
|  |  |  |                                      |                       |  |  |
|  | * NOTE: If there is a list, only laterals (employees with the same title) or individuals certified by OPA may be appointed to this position INSTRUCTIONS:  |  |                                      |                       |  |  |
|  | A. STATE EMPLOYEE LATERAL BIDDER: Bids are now being accepted for the position's) indicated. If you are currently in this classification and   |  |                                      |                       |  |  |
|  | wish to bid, please complete fully the CS-14 Application Form; and RIEEO 378 Affirmative Action Card. Remember to include, either on the application or within   |  |                                      |                       |  |  |
|  | a cover letter, both the File Position Title and Number.   |  |                                      |                       |  |  |
| ate  | Most Important - Please include the following information:   |  |                                      |                       |  |  |
| did  | The title of the position for which you are applying   |  | Name of department where you a       | re currently employed |  |  |
| Can  | <ul> <li>Title of your present position and date you entered</li> </ul>  |  | Your business telephone number       |                       |  |  |
| to   | <ul> <li>Date you entered State service</li> <li>Present Union Affiliations</li> <li>*** In certain agencies, bargaining union applicants will receive preferential consideration according to contract.</li> </ul>  |  |                                      |                       |  |  |
| ion  | *** In certain agencies, bargaining B. NON INCUMBENT/NON STAT  |  |                                      | deration accordi      | ng to contract.  |  |
| nat  | If indicated above that <u>no civil service</u> list exists for this position, you need not be in the class of position, or be in State service to apply. All information  |  |                                      |                       |  |  |
| orn  | requested on the application form must be furnished. The information you give will be used by the agency Personnel Office to determine your qualifications. If   |  |                                      |                       |  |  |
| Inf  | Most Important - Please include the following information:  The title of the position for which you are applying  Title of your present position and date you entered it  Present Union Affiliations  The indicated above that no civil service list exists for this position, you need not be in the class of position, or be in State service to apply. All information requested on the application form must be furnished. The information you give will be used by the agency Personnel Office to determine your qualification an item does not apply to you, or if there is no information to be given, write in the letters "N.A." for Not Applicable. If you fail to answer all the questions of application form, you may delay consideration of your application.  C. AMERICANS WITH DISABILITIES ACT (ADA) PROVISIONS:  Reasonable Accommodations:  If an applicant is unable to perform any essential job functions because of his/her disability but can achieve the required results by means of a REASONAL. |  |                                      |                       |  |  |
| a  |  |  |                                      |                       |  |  |
| neı  |  |  |                                      |                       |  |  |
| Ge   | <ul> <li>Reasonable Accommodations:</li> <li>If an applicant is unable to perform any essential job functions because of his/her disability but can achieve the required results by means of a REASONABLE</li> </ul>   |  |                                      |                       |  |  |
|  | ACCOMMODATION, then the individual shall not be considered unqualified for therefore the position.   |  |                                      |                       |  |  |
|  | Medical Information:   |  |                                      |                       |  |  |
|  | Any medical exams required for this position will be performed after a conditional offer of employment has been made in accordance with the Rules/Regulations of the Americans with Disabilities Act (ADA).  |  |                                      |                       |  |  |
|  | DUTIES / RESPONSIBILITIES  | <u></u>  |                                      |                       |  |  |
| es   | To perform difficult skilled duties in the verification of vouchers related to federal reimbursement for transportation projects. To   |  |                                      |                       |  |  |
| )ut  | verify property settlement vouchers for proper amounts and to verify related supporting documentation. To code such data for federal reimbursement. To apply cost codes to all construction documents and other reimbursable items in accordance with procedures approved by the Federal Highway Administration for accumulation of project costs and federal reimbursement. To do related work as required.   |  |                                      |                       |  |  |
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| nt c   |  |  |                                      |                       |  |  |
| ement of Duties  |  |  |                                      |                       |  |  |
| ten  |  |  |                                      |                       |  |  |
| Stat   |  |  |                                      |                       |  |  |
| 0)   |  |  |                                      |                       |  |  |
| ళ  | EDUCATION / EXPERIENCE / SPECIAL REQUIREMENTS:   |  |                                      |                       |  |  |
| EDUCATION / EXPERIENCE / SPECIAL REQUIREMENTS:  (A class specification describing the duties of the position and the minimum qualifications will be function: Such as may have been gained through: graduation from a senior high school; and Experience of office work which required the accounting principles and preparation of accurate reports. Or, any combination of education and experience. |  |  |                                      |                       | urnished upon request.)  |  |
| ati<br>ce  | Education: Such as may have be   | •  | -                                    |                       | ,  |  |
| luc<br>en  | have been gained through: employment involving the performance of office work which required the application of some   |  |                                      |                       |  |  |
| Ec   | - · · · · · · · · · · · · · · · · · · ·  | accounting principles and preparation of accurate reports. Or, any combination of education and experience that shall be |                                      |                       |  |  |
| num Educat<br>Experience   | substantially equivalent to the abo  | ve education and experie   | ence.                                |                       |  |  |
| E ji   |  |  |                                      |                       |  |  |
| Z Z  |  |  |                                      |                       |  |  |
|  |  |  |                                      |                       |  |  |
|  | Apply within the application period as shown on this announcement. NOTE: Some State union contracts allow a 3 day grace period for receipt of CS-14 application or bid. This Office does not assume responsibility for applications sent through the mail. SEND RESUME or CS-14 Application to:  |  |                                      |                       |  |  |
| Where to<br>Apply  |  |  | · ·                                  | SEND RESUME OF        | CS-14 Application to:  |  |
|  | RIDOT /Office of Human Resource  |  |                                      | 222-2572              | the Department of  |  |
|  | Two Capitol Hill, Room 214   |  |                                      | piccoli@dot.sta       | ite.ri.us  |  |
|  | Providence, RI 02903-1124  |  | TY/TDD #: 2 Felecommunication Device | 22-4971               | The part with a first transfer of the part |  |
|  |  | (I   | eleconfindincation bevice            | ioi iile beai)        | /_~ W"   |  |